

CONFERENCE REGISTRATION FORM

Meeting the Challenges of Comprehensive Cancer Control

Atlanta Marriott Marquis • Atlanta, Georgia
September 8-10, 1999

Registration Deadline: July 16, 1999

Name: _____ Degrees: _____

Name to appear on badge: _____

Title: _____

Agency/Affiliation: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Please check the appropriate box which best describes your professional affiliation:

- ☐ State Agency
- ☐ Federal Agency
- ☐ Volunteer Agency
- ☐ Professional/National Organization
- ☐ Other _____

Please mail or fax completed form to:

Beth T. Layson
DCPC/NCCDPHP
Centers for Disease Control and Prevention
4770 Buford Hwy, NE; Mailstop K-52
Atlanta, Georgia 30341-3717
Phone: (770) 488-4226
Fax: (770) 488-4760

If you have a disability or a condition that requires special assistance or accommodation, please check here and someone will contact you: ☐